REPORT OF THREE-DAYS TRAINING OF HEALTH CARE PROVIDERS ON ETHICS OF HIV SERVICE DELIVERY FOR PLHIV AND KEY POPULATIONS IN BASSA COTTAGE HOSPITAL, PLEATEAU STATE

Conducted by:

NEW HIV VACCINE AND MICROBICDES ADVOCACY SOCIETY

In Partnership with:

HEARTLAND ALLIANCE NIGERIA

With funding support from:

AIDS HEALTHCARE FOUNDATION (AHF)

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LIST OF ACRONYMS

ANC	Anti Natal Care
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
ASWHAN	Association of women living with HIV and AIDS in Nigeria
ERC	Ethics Review Committee
HCT	HIV Counseling and testing
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HREC	Health Research Ethics Committee
IRB	Institutional Review Board
NAFDAC	National Agency for Food Drug Administration and Control
NHREC	National Health Research Ethics Committee
MSM	Men who have sex with men
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
PLACA	Plateau State AIDS Control Agency
PI	Principal Investigator
PLHIV	People Living with HIV
PLWHA	People Living with HIV and AIDS

SUMMARY

The three days training workshop for health care workers in Bassa Cottage Hospital, Pleateau State was focused on ethics of HIV service delivery for PLHIV and key populations. The training is part of the NHVMAS efforts at promoting ethical standard of practice in our health care system. The project was implemented in partnership with Heartland Alliance Nigeria and in collaboration with Plateau State Hospital Management Board. The workshop was conducted from the 21st of July to 23rd of July at Bassa Cottage Hospital.

The programme provided state of the art training on the basic ethical principles and its applications in the delivery of health care services. It also equipped the participants with the basic skills and knowledge on the ethics of HIV services delivery for the key populations-MSM, IDU and FSW and designing comprehensive reproductive health care services for the vulnerable populations.

The workshop delivery style includes the adoption of a participatory approach, slide presentations, brainstorming, case study, group work, question and answer session. The workshop provided a platform for the participants and the resource persons to share experiences on the field and also work towards changing the current paradigm of practice in the hospital.

The evaluation of the workshop showed that participants' knowledge of ethics of research and clinical services improved significantly (mean pretest score=**49.0%**, mean posttest score=**70.0%**; p value=**0.0001**). All the participants (100.0%) adjudged the workshop as haven addressed the set objectives. The programme logistics and facilitators were rated high.

NHVMAS shall continue to follow up with the trainees on use of knowledge and skills gained from the workshop and also continue to provide technical support on field.

BACKGROUND OF THE PROJECT:

Nigeria is the second worst affected nation in the world by the HIV epidemic. It also bears up to 40% of the global burden of HIV transmission of mother to child. For the country, significant efforts need to be in place to ensure prompt access and management of HIV. With the recent outcome of multiple research studies showing the important role of ARVs in the prevention of HIV infection, there is a critical need to scale up and increase prompt access to HCT and treatment services. Such scale up efforts include decentralization of HIV and ARV services to primary health care centres, task shifting with many who had not received prior expert trainings on patient management being saddled with the responsibility of managing clients for HIV care and treatment. All these decentralization and task shifting efforts while it increases the public access to HIV related services, also may otherwise compromise on the quality of services. The implication of quality of service compromise is far reaching.

Existing statistics clearly show that the large proportion of Nigerians access health care services outside the public sector. The major reason for this had always been the quality of service received especially with respect to the poor human relations between service providers and client. While there are efforts to decentralize access to HIV services, services continue to be provided only by the public sector, a sector that is only able to reach about 10% of the national population of those who require ANC services. If the current effort to address ARV access is to be realized, then efforts to address barriers to access needs to be addressed. One of the well recognized barriers is that created by the poor attitude of health care service providers to PLHIV.

This project is designed to address this gap. It specifically target to reach health care providers who are engaged with the provision of HIV care services to PLHIV about the ethics of clinical care. In an effort to assess the training needs of the health care providers in the beneficiary hospital- Bassa Cottage Hospital in Plateau State, the project conducted a baseline survey on the HIV stigma, discrimination and the ethics of services delivery on HIV prevention, treatment and care. The outcome of the survey contributed to the development of the training curriculum and the conduct of 3 days on site training for teams of 18 HIV care providers within the Bassa Cottage Hospital. The training aimed at building the capacity of three teams of health care providers in Bassa Cottage Hospital to provide HIV treatment, clinical care and support to clients who are PLHIV and key populations in an ethical manner.

Project Objectives:

To assess the training needs of three teams of health care providers located in ART treatment sites in Southeast and North central Nigeria on ethics of HIV treatment, clinical care and support for PLHIV

2. To conduct a three days training to address the gaps in knowledge and skills of health care providers located in ART treatment sites in Southeast and North central Nigeria on ethics of HIV treatment, clinical care and support for PLHIV

3. To provide technical support and assess the impact of the conducted training on performance and client satisfaction in the facility six months after the implementation of the training.

DAY ONE: MONDAY 21ST JULY 2014

1.1 Opening session

The opening session commenced with an opening prayer sessions followed with the conduct of training formalities – brief overview of the workshop aims and objectives, introduction of participants, laying down of ground rules.

Welcome address: by host institution

Dr. Jacob Kassem, the Medical Superintendent of the Bassa Cottage Hospital welcomed the training team to the institution. He gave a brief history of the hospital noting that it was established in 2003 and has a 30bed capacity. The facility has 3doctors, 27nurses, 5 counselors, I pharmacist supported by a superintendent and one Laboratory scientist. The facility provides ART services, PMTCT and also serves as a DOT center. The hospital provides services to large community including military, Bassa community and some community in Kaduna that is in proximity. It also serves as a service center for the four PHC in the cluster approach for the HIV treatment response. He noted that this training will go a long in improving what is currently being done in the hospital. He therefore encouraged the participating staff to be committed to the training and ensure they acquire new skills. The representative of the Plateau Hospital Management Board Mr Bakmi Gokpo also welcomed the team and stated that Hospital Management Board is aware of this training and committed to supporting the initiative.

Participants' profile

The participants were healthcare providers working in Bassa Cottage Hosptial including doctors, nurses, a pharmacist, a medical laboratory scientist, a medical record officer, the hospital secretary, members of the HIV support groups as well as representatives from the State Hospital Management Board and the Plateau State AIDS Control Agency. Eighteen persons were in attendance.

Resource persons: The resource persons for the training include Durueke Florita of the New HIV Vaccine and Microbcides Advocacy Society, Dr. Godwin Emmanauel of the Heartland Alliance Nigeria and Tokbish Yohannan of the Bish Integrated Services who served as the rappourteur.

Workshop delivery method: The training delivery adopted adult learning approach and include powerpoint presentations, brainstorming sessions, experience sharing, group discussions, and case studies.

Participants' expectations

- At the end of the training, I should be able to put in more to relating to clients and do it effectively.
- I should not work alone but as a team so that at the end our clients will have every cause to glorify the Lord.
- I am here to learn and at the end of the training, the women coming to me for services will go back to their homes happily.
- Increase knowledge generally on HIV/AIDS.
- Expose to the prospects of HIV vaccine.
- Know the ethics on HIV/AIDS service and implementation.
- Improved clients' satisfaction of our service delivery after the workshop.
- To acquire knowledge and utilize it in ways that it has impact on my clients and other colleagues.
- To improve my capacity to offer professional care to my patients and the community at large.

1.2 Plenary session

1.2.1 History and evolution of research ethics- Durueke Florita

The session aimed at familiarizing the participants with key issues involved in international research ethics and equipped them with skills to be able to apply the knowledge to conduct of clinical services and researches in their institution. The facilitator reviewed the different era of ethics evolution, pre 20th century including trial of smallpox and rabbi's vaccination, experimentation using the poor, orphans, prisoners of war, mentally ill. Experiments include exposing people unduly to syphilis infection and a number of other atrocities. This resulted in the development of guidelines and code for the conduct of research using human subjects. These include among others the Nuremberg code, Helsinki Declarations, CIOMS and the Nigerian national code of health research ethics.

Discussion

Participants' were asked to discuss the case study of Pfizer T study in Northern part of Nigeria that left an indelible mark of ethical controversy. The study was conducted among children who had Meningococcal meningitis. The trial was to validate the safety and efficacy of the trial drug Trovafloxacin (Trovan) for treating meningitis. Participants noted that while this case was in 1996, there is still possibility of reoccurrence in our current day setting. Some of the factors identified to fuel this include:

- Corruption: when money is involved people can get on to approve the conduct of study without proper ethical composition and review.
- Ignorance of the population: the level of illiteracy in the country is very high and the community need to be educated.
- Poverty of the population: this makes people to jump to any free services

It was emphasized that the responsibility of the patients' welfare lies with Health care workers (HCW).

Questions:

Q: What is the current structure in place to avoid this kind of study in future?

A: The national Health Research Ethics code provide guidelines for the conduct of research and institutions involved in research are expected to have the ethics review board and must give approval to all researches conducted in the institution, this way we can be able to check unethical practices in research conduct.

Q: What is the full meaning of IRB

A: IRB means Institution review Board, same as the Health Research Ethics Committee.

1.2.2 Ethics Principles and its application – Durueke Florita

The session assisted participants to understand the three basic ethical principles and the practical application in the delivery of health care services. Three ethical principles discussed include: respect for autonomy, distributive justice, beneficence and non-maleficence.

Respect for autonomy: This is based on informed patient choice. The patients should be fully informed about their illnesses and options for treatment and should be fully involved in decisions about their health care. If the autonomy of patients is to be respected, they must be given information that enables them to make choices that are consistent with how they wish to live their life.

Discussions:

Case scenario: Patients walking to the lab scientist for test without first consulting with the doctor in the hospital was deliberated. The doctor stressed that if a patient has to be treated, it is important to know his background, and other diagnosis and tests must have been conducted before any treatment. He stressed that doctors will be held responsible for wrong and unethical treatment of a patient, not the lab scientist. He set an example with a test which was conducted on a urethral swap instead of anal swap by a lab scientist. This was simply because the test was run without the patients being diagnosed by a doctor.

There was consensus that if a patient brings the lab test result to a doctor, it is important that the doctor respects him rather than neglect the patient. When the patient is neglected, the ethical rights of the patients are denied him.

It was suggested that there is the need for a change in the current procedure where patients first obtain test results before seeing a doctor. Doctors need to educate patients about the right order for patients' management. The observations are that most doctors just prescribe drugs without assessing their patient.

Dr. Godwin also reaffirmed that doctors should prioritize patients' care over professional pride while also educating patients about the right process for patient care. HCW actions can kill patients out of negligence of medical ethics. For example, if a patient is placed on ARV without proper evaluation, the consequence is attributable to the combined negligence of doctors, lab technicians, nurses. Sometime patients are just given referral forms without being educated about their HIV status. Many patients cannot explain their test results.

There was a cases wherein a woman booked for caesarean section, was wheeled into the operating room and draped. Doctors and other health care team kept delaying the operation. When it was 12pm, doctors refused to operate the woman on the ground that they were now on strike. The woman was finally taken to the private hospital where she had her operation. This is gross negligence and unethical.

Other identified reasons for delay of services to clients: low man–power contributes a lot on the issue of negligence of patients. Patients may be too many to be attended to by very few practitioners. Therefore, there is need for more HCW to be employed in hospitals to combat the issues of delay and negligence of patients especially in the clinics.

Q: Another factor observed for negligence is the issue of power supply (generator). The samples collected from patients' cannot be analyzed in the hospital and they have to travel distance to run the test in another hospital. How can this be ethically handled as such an area is neglected in the Bassa Cottage Hospital?

A: The lab scientist, medical superintendents and other HCW affected should document such issues and pass it to the Hospital Management Board (HMB) for appropriate actions. The report of this training will also be shared with the HMB. The support group of the hospital can also advocate on this.

Distributive justice: The principle of distributive justice implies that medical care should be equitably accessible to all persons who needs it irrespective of gender, age , socioeconomic status, race, religion, tribe or sexual orientation. Health Care Providers need to be sensitive and ensure non discriminatory in health service provision.

Discussions:

In some hospitals, it was observed that Record Officers charge or demand more than normal from some patients. This is exploitation of the right of patients to access their files for diagnosis.

Also HCW show preferential treatments to patients attending the hospitals. Gratification in form of kick backs contributes to that this to the detriment of other patients. Preferential access of patients to treatment due to undue advantages does not respect the principle of distributive justice.

Key populations like the PWID, FSW and MSM often face challenges with stigma from HCW and therefore it is important to treat such people appropriately and not to expose them to contempt so they can feel free to keep visiting for health care.

Professionals also complicate issues. Some lab scientists receive and run tests for people they know prior to been attended too by doctors. Pharmacists also dispense drugs to relations or friends without doctor's prescription and that may delay other patients long waiting. There is not justice.

Patients who have to wait for long to see their doctor may decide to go straight to the lab. This may be appropriate for diabetic patients who have been fasting and for patients who have had prior interactions with the doctor and only require lab investigations. This is ethically right.

The laboratory units explained that some patients even when told to go and see the doctors first, they may insist and say they have their special doctors. They may go away if the test is not conducted for them. Also,

some of the patients may bring some lab tests forms directed from a different hospital that might not have gotten the right equipment to run the test. How can these be handled?

There was consensus that in such instance you educate the patient on ethical principles and if he does not accept, he may go. The hospital should also have standard operating procedures defined to address some of these potential challenges.

Beneficence and non-maleficence: The principle of beneficience and nonmaleficience acknowledges that the welfare of the patient is central to care and health care providers must work to ensure services maximized patient benefits and minimizes harm. We must therefore respect the patients benefit even when it conflicts with the HCW assessed benefit to the patient. An example is the case of blood transfusion.

Discussion:

Q: Some patients prefer to die than live to continue experiencing pains. Examples are patient on life support. What will be done to go in line with the ethics?

A: This depends on the law of the country. The Nigerian law does not permit mercy killing. We treat and treat until the patient naturally gives up. But in the USA leaving the patient suffering is harm to him.

Q: This can be related to abortion in a state that it is not legal. For instance a woman who is pregnant and wanted an abortion comes into the hospital bleeding. What should be done?

A: Although it is not legally right in Nigeria to initiate an abortion, but for an incomplete abortion, evacuation is permitted. Abortions are still happening in Nigeria and suggest it should be made legal so people can do it openly. Some doctors abort on the pretext of menstrual irregularities. Uncompleted abortions need to be evacuated.

Q: What can be done to a child needing a particular treatment whose parents don't agree to it?

A: In Nigeria, consent is required from parents prior to treating children. A health care provider can only treat a child with the consent of his or her parents otherwise they can just document the whole scenario as not consented by the parents and let the child go. A discharge against medical advice can be given.

Q: Though abortion is not legally practiced in Nigeria, how do you handle the case of a pregnant woman who wants to terminate her pregnancy due to ill health or life threatening circumstances?

A: The Nigerian law allows this since the pregnancy poses danger to the life of the mother. It must be properly documented.

Q: How about a mad – woman who is pregnant?

A: The constitution demands that mad women should not in the first place be pregnant.

1.2.3. Confidentiality in clinical practices -Godwin Emmanuel

The facilitator led the participants through an interactive session to get them to understand the basic concept and importance of confidentiality in clinical services and research. Emphasis was made that personal information received during the clinical care and research are priviledged information and it is the responsibility of the HCW/researcher to ensure that such information should not be found in the public domain.

Discussion

It was stressed that that every medical issue should end in the hospital and not be discussed anywhere. It is regrettable that some medical personnel discuss patients with family members and friends. This is most prevalent among doctors, nurses, counselors and testers. Due to breech of patient's confidentiality, many patients prefer to travel long distances for medical attention rather than access care from a nearby facility.

For a child or adolescents who have not reached the age of consent and comes to a health provider alone, it is better you counsel them to bring their parent or an elderly person instead of exposing them or bridging the law of their confidentiality by seeing them and now sharing their personal information with their parents without their consent.

In case of doctors interaction, it is only when one is referred by a doctor to another doctor that the personal information of a patient is shared. Discussions on medical issues must be done privately and not to the hearing of other persons. The use of abbreviations can also help keep confidential data.

Q: In the case of discordant couple, can the HCW notify the negative partner when it is obvious that the positive partner is not ready to disclose and protect the negative partner?

Q: For case of discordant couples, the person positive does have the duty of disclosing his/her status to the partner. As a doctor, do not disclose it to the uninfected partner. You keep supporting the client instead.

Q: We have a scenario where the doctor needs information on the HIV status of the patient and goes ahead to conduct the test without patient consent. The test result was positive and the doctor could not disclose the result to the patient. What should be done?

A: It is unethical to conduct HIV test for a patient without obtaining consent from the patient. For this case, you have to educate the patient on need to take up an HIV test and after which you can then take the test and discuss the test result with him.

Q: Is it possible that a woman be truly negative while the husband tested positive?

A: if the positive husband is place on ARV treatment and he adheres to treatment, it reduces the chances of transmission to the negative partner by 90%. Optimal B plus wherein ARV is prescribed for life for women who are positive will reduce chances of transmission to the negative husband and children. Having sexual intercourse with a person on ARV does not mean total security but reduces transmission chances drastically.

1.3 DAILY EVALUATION

Which session did you like most today?

- Ethics principle because it help me keep to standard and follow the law of the profession strictly and that will make the health profession unique
- The reality on the field discussing the ethics principles, it was very educating.
- Confidentiality in clinical services because I have learnt a lesson in really keeping in confidence all patients information
- Ethics principle because it has made me know about how to follow medical ethics and to keep to it even if it has reach the dilemma state.
- All the sessions because it has improved my understanding on client care and considering their opinion.
- Ethics of clinical care and services because I have known the benefits of the ethics and it will help me to take care of my patient
- Ethics and the principles of autonomy in medical practice because it is very interested, you know some medical personnel treat patients badly.
- Distributive justice because it discussed inequality, need to treat every clients the same without individuals differences
- Ethics principles because it protects the health care providers in rendering his or her services.
- Professional ethics for health care workers because we need to change our attitude so that we will be able to help our clients or patients to be friendly with us which will help them to access healthcare in our various clinics and units.

Which session did you like least today?

- None, all is good, I am impressed with the presenters.
- Distributive justice because everyone should have equal access to treatment and we are not there yet
- The history I did not understand much about the history, it is an ancient history, and has little or no effect on service delivery is just for knowledge

How do you think each session could be improved?

- By having workshop and practical trainings in all the sections
- It can be improve by giving more lectures to medical personnel again and it should be included in the educational curriculum
- More discussions in the way that we will all understand.
- Organise more workshops to enhance motivation of people
- More time for discussion.
- It will be improved if all the participants have the manuals

What did you like most about the entire programme today?

- The ethics of clinical care and service provisions.
- The programme is good because it is very educative
- Highly interactive and educative
- The discussion, questions and answers.
- The freedom to interact
- I like all the sessions because I have acquired knowledge on what I have never had before.
- The knowledgeable discussion and examples provide by the facilitators. They are practical and explicit in explanations

What did you like least about the entire programme today?

- None
- How to go about with the HIV patients
- The venue is inadequate

Did you have any logistic challenges? What was it?

- The pretest question was not enough
- None
- Non availability of training materials (NHVMAS prepared for 15 participants but ended up training 20participants)
- The sitting arrangement need improvement
- Transportation allowance for participants

Other comments

- Am quite obliged about the training, it should be a continuous one.
- We are constantly facing challenge on the field. A patient that is on ARV refused taking her drugs that she went to prayer house and that she is healed.
- We hope to change and improve in the manner we handle our patients.
- Ride on, the training is interesting.
- I want to commend NHVMAS and will like them to be having workshops all the time
- Work well done.
- This type of workshop should be organized more regularly.

.Day 2 Tuesday 22nd july 2014

2.1 Recap

The training started with a recap of the first day training. Participants were individually asked to share the lessons learnt from the previous day. The key lessons highlighted from the training include the ethical principles and how HCW can apply this in the day to day service delivery to clients, the confidentiality issues and privacy for the clients as well as the lessons from the Pfizer Trovan trial.

2.2 Plenary sessions

2.2.1. Ethics and the principle of autonomy in medical practice –Informed consent

The facilitator led the participants through an interactive session to get them to understand the informed consent process and the procedure for obtaining informed consent. The informed consent process allows for respect for persons and respect for autonomy.This can only happen when the participants are given full information of the research, intervention or treatment including the benefit and the risks involved. Participation in research based on therapuetic misconception is however, not acceptable.

Discussion

Q: What if the minor refuses even though permitted by his parents or a third part?

A: Respect the minors opinion when it comes to research. With treatment, once consent of parents is obtained, minors need to be persuaded to accept treatment when it has to do with a life and death situation.

Q: What are the current challenges faced by the community in relation to informed consent?

A: The greatest community challenge as a PLHIV is stigma and discriminations.

Q: What are the facility challenges with obtaining informed consent?

A: The facility do not have informed consent document. Only counselors have the informed consent form from the IPs. It is important that the hospital develop informed consent for surgeries. It is otherwise assume that a patient who comes to the hospital for treatment has otherwise given consent for treatment. However, please still receive verbal consent for treatment after taking time to duly explain diagnosis and treatment options to the patient.

Q: Is it necessary to get a child as a subject to be involved in a research?

A: There are general principles that must be followed; the legal guardian/parent gives consent while the researcher obtains assent instead of consent from the child. Children are often prone to exploitation. Ethic commissions try to protect young ones from exploitation by the researchers. Any study recruiting children must have strong justification for using children in that research.

2.2.2. Feedback from the survey

The participants were taking though the major highlight of the survey on the training needs of the HCW on the ethics of HIV service delivery for PLHIV. The presentation discussed the various sections of the survey-

HIV and AIDS knowledge, stigma and discrimination, attitude of HCW towards PLHIV and the training needs on ethics of HIV service delivery. This provided platform for the dissemination of findings to the community.

Comment: The level of education on those people that answered the questionnaires should have been taken into consideration in the analysis of the survey. This will help in identifying the cadre of staff to target for specific trainings on HIV.

2.2.3 Human Sexuality and sexual behaviours: Godwin Emmanuel

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Human sexuality was extensively discussed. The facilitator shared his experience and explained the basic sexuality concepts-intersex, transgender, transitioning, heterosexuality, homosexuality, bisexual and different forms of sexual behaviours including anal sex. Participants did individual exercise on the different types of sexual behaviors.

Discussion:

Q: How can sero-discordant couple be treated?

A: When the infected partner is on ARV treatment, chances of sexual transmission of HIV can be reduced. Couples are encouraged to also continue to use condom during sex. Fidelity performs a great role here. Note that a woman attending PMTCT is likely to have all her babies born negative.

Q: Can we call negative persons in discordant couples carriers?

A: We cannot call them carriers.

2.2.3 Stigma, prejudice and discrimination – Durueke Florita

Participants were led through interactive session to understand the following terminologies -stigma, prejudice, discrimination and stereotypes. Stigma develops because of many factors, but it is often influenced by the values and beliefs of an individual or group. Participants brainstormed the various forms of stigmatizations- External and internal stigma and its associated signs; these include: avoidance, rejection, moral judgement, stigma by association, gossips, and unwillingness to employ, abuse and victimization among others. The ill effect of stigma and discrimination on key population access to health services was extensively discussed. Healthcare workers discrimination against key population is widespread as some refuses to provide medical care or access to social services. Without adequate testing and treatment for HIV and other STIs, key populations may have impact on broader community health. Case studies that highlights on stigma among key populations were discussed.

Discussions

Q: Have they passed the bill on anti-stigma law?

A: The House of Assembly has passed the bill waiting for the president to sign although some states in Nigeria e.g. Calabar, Lagos and Plateau have passed the bill. It is partially operational in Plateau. In Lagos, one can sue for stigmatization.

Q: what of a case where an employer may require all his employees to be tested e.g. uniform men, and the results sent directly to the employer?

A: The employer has to conduct the test to the advantage of the staff as they can even support them but not to discriminate against them. There are a number of institutions that support is given to PLHIV persons. The test results is not for discrimination purposes

Q: Is there any links between NHVMAS and the public complaints commissions' like the office of public defendants?

A: None in Plateau State except with PLACA and Commissioner of Health.

Q: Is this training on ethics endorsed by the law? Can the certification be presented to relevant body for recognition?

A: NHVMAS is a key player in the field of ethics and has built the capacity of several ethics committee, researchers and health care providers. This training is supported by the Institute of Public Health, Obafemi Awolowo University Ife, and CPD point has been awarded to doctors. IPH is only licensed to award CPD points to doctors hence other professionals (nurses, pharmacist & Med. Lab) were encouraged to present the training certificate to the professional bodies for award of CPD point.

Case studies on self and external stigmatization

- A woman ran away from where she was living when she was told that she is HIV positive
- Another woman decided to refuse the drugs, any efforts to convince her proved abortive. She had to be allowed to go like that and later died.
- Also in Bassa Cottage Hospital, a HIV positive woman refused to accept her result. She was advised to come alongside her husband but the husband instead came and picked her because he never believed in the hospitals result. He attributed it to witchcraft as he also tested positive. He said taking the drugs made him restless even at work. He was advised to allow his family take care of him and continue with the drugs but he refused.
- There was also this case of 2 friends of which one his positive. The HIV negative friend asked her children not to keep going to her friends' house not until she too fell sick. Out of concern, her friend who was positive went to visit her and later it was confirmed she too was positive.

Comment: No matter the situation, HCW should keep supporting clients to open up and have confidence in them especially the very the vulnerable populations like MSM, FSW.

2.3 Daily evaluation

Which session did you like most today?

- Stigma because it happens in our everyday life, very practical
- Human sexuality and human behaviours. It was down to earth with many real life stories
- All the sessions, they were very interesting
- Stigma and discrimination because it helps to understand why one should not talk to clients any how
- All the sessions because they gearing towards complete health care
- Sexuality and sexual behaviours because new sexual behaviours were revealed- learned that anal intercourse has 8-20times chances of STI and HIV transmission
- Stigmatization because I learn much on how to discuss stigma and it effect on someone who is living with HIV.

Which session did you like least today?

- All the sessions were very important and educative

How do you think each session could be improved?

- The time for the session is short, more time for interactions.
- More discussions about human sexuality and sexual behaviours

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What did you like most about the entire programme today?

- The interactions and examples given
- Preparing me towards practical application in the hospital and outside set up.
- The well experienced presentation of the facilitators and practical examples.
- The presentations were interesting.
- The method of teaching and use of projector.
- The informed consent form
- The interactive and educative nature of the programme

What did you like least about the entire programme today?

- Not keeping to time

Did you have any logistic challenges? What was it

- Keep to the starting time for the session

Any other comments

- I have learnt a lot today, all the topics were interesting.
- I am quite elated with the programme
- Message well passed
- This workshop should be organized every end of the year to reach those who have not yet been trained.
- The sessions have been helpful and pray such topics should be taught more frequent.
- Need to put more effort on training especially those in rural areas.

Day 3 Wednesday 23rd JULY 2014

3.1 Recap

The participants gave a brief recap of the activities of the previous day highlighting key lessons

3.2 Plenary

3.2.1. The Importance and roles of community and CSO in health care service delivery-

The session focused on assisting the participants to understand the place and relevance of community engagement in research and the challenges of community in research process. Researchers and sponsors should consult the communities through a transparent and meaningful participatory process so as to ensure research is relevant to the affected communties. Community engagement assists to ensure that community and participants voices are heard and needs addressed.

Discussion

Q: Community involvement is a key to medical practices. What are the most prevalent health conditions in Bassa and how has the community ever designed community engagement programme to address such issues?

A: The most prevalent conditions include malaria, ulcer, and gastroenteritis, although gastroenteritis appears highest. We have not designed any community programme to address the issues.

Comment: It is important that when medical or health care providers notice a prevalent issue in the community, they should be able to initiate interventions for that condition through engaging the community as a whole. This will improve better health practices and other neighboring communities will also learn a lot and adopt such measures. Health care providers must not only wait for patience to come from the community, but also reach out of the community with appropriate health education programme.

3.2.2 Ethics of HIV service delivery for key population: creating enabling environment -

The session objective is to assist participants to understand the role and responsibility of the HCW in providing services to key populations most affected by the HIV epidemic. The key populations-MSM, FSW and PWID form bridge population as they are constantly interacting with the general populations thereby transmitting HIV infections across populations. Some HCWs are seen as unfriendly and judgmental towards key vulnerable populations and this impact negatively on their access to treatment. Healthcare providers have an important role to play in addressing HIV and other health issues among MARPs communities in Nigeria because of their critical roles as entry points to necessary health services and influencers for effective HIV prevention, treatment, care and support

Discussions:

Q: How are researchers able to meet with the MSM population considering that is a hidden population?

A: This could be done by first identifying one person first who can link you to another and so on. Condom and lubricant access is recommended for both anal and vaginal sex for as to reduce the risk of trauma during dry sex.

Q: Within our HIV response in Plateau, do we have access to condoms and lubricants?

A: Usually, condoms should be supplied with water based lubricants, in the past we had lubricants but now we do not have.

Q: Will people or health care providers not be held liable for providing service to such key population like MSM in Nigeria?

A: The constitution will not hold any health care provider liable for such. Every member of the society has every right to be treated or has the right to treatment. The press release by NACA Director General also highlighted that the law do not prevent any Nigerian access to HIV prevention and treatment services.

Comment: PLACA should be facilitating the supply and distributions of condoms alongside compatible lubricants especially among the key populations who engage in anal and vaginal sex.

3.2.3 Addressing the reproductive health needs of PLHIV, Women, and adolescents –

The session discussed the sexual reproductive health needs of the PLHIV, women and adolescents. There is evidence of high levels of unintended pregnancies among HIV+ women, ranging from 51-91%. Again, like all women, HIV+ women have a right to determine timing and spacing of their children. However, Family Planning interventions have been underutilized in the fight against HIV. Interventions linking Family Planning and HIV services were generally considered feasible and effective.

Discussions:

Q: When designing comprehensive HIV, family planning and reproductive health programmes particularly for those who are HIV positive, can the Federal government sustained this programmme without donor support?

A: With the withdrawal of support from international NGOs, there could be serious problems regarding sustainability of treatment. That is why the preventive measures are taken seriously to augument current efforts on treatment.

Q: As a councilor, if I coming across a HIV positive woman breast feeding woman due to mother in-laws pressure what can I do?

A: The current WHO recommendation is that HIV positive mothers can breastfeed so long as the she is on drugs. It is recommended that she breastfeed for 6months and septrin should be given to the child until a week to weaning of the child. If a woman is an option B plus she is free to breastfeed. It is approved by WHO. However, she is not advice to mix feed – she continues to breast feed of does not breast feed. She should be placed on ARV during this period.

Q: in a case where a parent (woman) starts giving her child infant formula without breastfeeding but at a later time feels she cannot afford the infant formula, what will she do?

A: the woman is taking through counseling and education so that she can make informed choice on whether to go on infant formula or breastfeed. If she cannot afford the infant formula, exclusive breastfeeding is recommended. It is never acceptable to go for mixed feeding.

3.2.4. Group work: changing the current paradigm of practice in Bassa Cottage Hospital

The participants were grouped into three and were asked to have a holistic review of the current practices in Bassa cottage Hospital as it relates to provision of health care services in ethical manager. Participants identified the challenges and proffered solution.

Feedback from the goups:

Group one:

SN	CHALLENGES	SOLUTIONS
1	Consent form –absence	Need to have them handy
2	Folders-Usage Differences	Should be harmonized
3	Room for Drug collection(Different)	Should be same place with other clients
4	Date of Appointment	Should be daily
5	Test kids not control(Potency)	Quality control should be noted
6	Counselling room-stuffy	Should be well ventilated
7	CD4 count machine not function	Need changing
8	Multiple test request	Separate forms for HCTHMT to meet soonest to work at a plan for outreach
9	ANC women not coming back for delivery in the hospital	Community advocacy
10	Lack of community involvement	They should be involved through management meeting with them.
11	Lack of manpower	More hands are needed for effective performance

Group two

SN	CHALLENGES	SOLUTIONS
1	VCT –no privacy/inadequate space	provide conducive space and therefore privacy
2	Inadequate counseling as evidenced by high rate of default	Improve on counseling
3	Inadequate office space and filling cabinets	Provide more office space and cabinets

	in the medical Records Unit	
4	In contact tracking, clients give wrong mobile numbers/address	Overcome problem by confirming mobile numbers and addressing long before issues arise.
5	Consultation done solely on records staff and Nurses. Doctors involved only on enrolment	More active involvement by physicians
6	Non integration of clients	All patients to be integrated with others
7	Pharmacy-manpower shortage, inadequate training for pharmacy supporting staff.	Step down training
8	Community outreach absent	HMT to meet soonest to work at a plan for outreach
9	Lab-inadequate manpower, machines and equipment not services regularly	Efforts to be made to service equipment regularly

Group three:

Problem: Non Availability of informed consent form for clients in the HCT.

Solution: APIN/NACA should make provision for it.

Problem: Inadequate man power.

Solution: Government should employ trained personnel to help in addressing this problem of man power.

Problem: No enough spacing in the HCT room and no adequate ventilation

Solution: Government should create enough space for counseling of clients and enough furniture.

Problem: Non community engagement in healthcare programmes.

Solution: Cottage hospital will start to involve the community in the healthcare programme.

Problem: No vehicle for monitoring of HIV activities in the satellite sites.

Solution: APIN/NACA should make provision for it, because it is very necessary.

Problem: Inadequate test kits, breakdown of equipment and non-services for the functional equipment in the lab.

Solution: APIN/NACA should step up to the challenges.

Problem: Inadequate training of Health Care Workers (HCW) for counseling and testing.

Solution: Training should be organized to increase capacity.

3.2.4. Closing remark/presentation of certificates: The Medical Superintendants of the Bassa Cottage Hospital gave the closing remarks, thanking the New HIV Vaccine and Microbcides Advocacy Society to have considered Bassa Cottage Hospital for this training. He also commended the Hospital Management

for the support and asked the participants to put to use all the knowledge and skills acquired from this training. He specially also appreciated that fact this training was able to provide some CPD points to the participants. The Medical Superintendent and the representative of the Hospital management board handed over the certificates to the participants.

3.3 Daily evaluation

Which session did you like most today?

Majority of the participants indicated all because the sessions were educative and informative. Few others indicated HIV-reproductive health and family planning, because it reduces the chances of orphans and the further spreading of the infections. The session on health care workers code of conduct because it connect the bridge between HCP and the people living with HIV. The group work: changing the paradigm of practice in bassa cottage hospital it has a direct bearing on the performance of the site.

Which session did you like least today?

None

How do you think each session could be improved?

- Printing all the presentations
- More time to each topic

What did you like most about the entire programme today?

- The workshop is very impressive, educative, participatory and interactive in nature
- The interactions and group works
- Friendly interactions and explanations from the faciltiators

What did you like least about the entire programme today?

- Sitting arrangement is poor.

Did you have any logistic challenges?

- Going out to attend to issue of patients
- Transport fare

Any other comment:

The programme is commendable. Knowledge was impacted. The programme should be run to reach other healthcare workers in the state. *We shall disseminate the knowledge we have acquired within and outside Bassa community.*

4.0 Programme outcome, lesson learnt, Recommendations.

4.1. Programme outcome

- Built the capacity of 18 Health Care Providers in Bassa Cottage Hospital on the Ethics of HIV service Delivery.
- Facilitated team building within the institution as the training was the first ever that brought together the various teams of HCW together to be trained and have a holistic look on the current practices in the institution.

4.2. Lesson learnt

- The training is an eye opener to some ethical issues that were previously undermined in the current practices like informed consent documents, confidentiality and privacy of the clients and application of distributive justice in relationship with clients.
- The training has ignited a platform to further strengthen the commitment of the Bassa Hospital Management and the State Hospital Management Board to ethical issues in health care service delivery.
- The non-residential nature of the programme and the location of training within the hospital also posed slight level of distraction for the participants.
- Several other staff members of the institutions were very much interested to be part of the training. Although 15 participants were targeted for this training, 18 ended up participating and more were eager to join.

4.3. Recommendation

- Share the report of the training with the hospital and the Plateau State Hospital Management Board, highlighting the shift in paradigm of practices for the institution vis- viz application of ethical practices.
- The organizers should sustain the effort made in ensuring the full participation and commitment of the hospital management in the ethics training and advocate for its adoption in the state training programme for HCW in the state.

6.0 PROJECT EVALUATION

6.1 Pretest and posttest evaluation

The mean score for the pretest was 49% with standard deviation of 18% and the mean score for the post test was 70% . The highest score for pretest was 67% while that of posttest is 100%. There was statistically significant improvement in the participants' level of knowledge, P-value of **0.0001.**

6.2 Evaluation of programme logistics

There was no poor response on the rating of the programme logistics. The rating on quality of training was the highest (excellent 33% and very good 60%). See table 1.

Table 1: Rating of programme logistics

S/N	ITEM	Excellent (%)	Very Good (%)	Good (%)	Fair (%)	Poor (%)	No response (%)
1.	Publicity for the training	40	40	20	-	-	-
2.	Secretariat support	20	13	67	-	-	-
3.	Accommodation	20	40	33.3	-	-	6.6
4.	Feeding	26.6	-	53.3	6.6	-	-
5.	Hospitality	33.3	26.6	33.3	-	-	6.6
6.	Responsiveness to logistic challenges	-	60	6.6	20	-	13
7.	Quality of the training	33.3	60	-	-	-	6.6
8.	Training Materials	33.3	33.3	33.3	-	-	-
9.	Networking opportunity	13	20	60	-	-	6.6

Do you think the programme addresses the objectives?

All the participants agreed that the programme met its objectives.

What skills did you gain during this workshop?

The skills gained include:

- Key issues relating to health care workers attitude towards MARPs clients
- Skills on privacy and confidentiality.
- How to really engage patients each time one encounters them.
- The autonomy of the clients and information dissemination

- Skills on community engagement
- Skills on informed consent
- Counseling skills
- Programming on family planning and sexual reproductive health for people living with HIV.

How do you intend using the skills gained?

- Get a project site within the community
- Apply the skills to keep the patients on treatment so that they will not run away from reality
- Improve my interactions with clients
- Reaching out to the clients both in the hospital and community
- Use the skills so that my clients will be happy with me

What suggestions do you have for improving the conduct of this project in the future?

- The training should continue and evaluation should be done by the resource persons
- The training should be designed to reach others health areas.
- More trained staff are needed
- More of the training should be done all the time for new development.
- The project should improve on remunerations and a good place for the training
- For a focused training a hall outside the hospital should be provided to avoid distraction of participants
- Improve on the feeding (especially the lunch)

APPENDICES

Attendance list

S/N	NAMES	AFFILIATION	E-MAIL ADDRESS	GSM No	DESIGNATION
1	Dr.Nden Julfa Jude	Bassa cottage Hosptial	ndenj@yahoo.com njulfa@gmail.com	08036492055	Medical Officer
2	Helen Lohji Gagara	Bassa cottage Hosptial		08036360929	Nurse (Maternity)
3	Pricillia K. Mang	Bassa cottage Hosptial		07032641194	Nurse/support group
4.	Aku Agun	Bassa cottage Hosptial		08178327781	Support group
5.	Abigail Daniel	Bassa cottage Hosptial		08163909131	Record Officer
6.	Helen Titus	Bassa cottage Hosptial		08064168098	Record Officer
7.	Patricia Parlong	Bassa cottage Hosptial		08034528145	Nurse (DOT)
8.	Stephen Dauda	Bassa cottage Hosptial		08021275116	Nurse (HCT)
9.	Maisajo David	Bassa cottage Hosptial	maisajodavid@yahoo.com	08039733932	DNS
10	Tokbish Yohanna	Bish Integrated Services	tokbishy1@yahoo.com	08036788777	Executive Director
11.	Lucy J. Maimoko	Bassa cottage Hosptial		08036071652	H/Sec
12.	Samuel M.Gayiye	Bassa cottage Hosptial	Selekim126@gmail.com	08036513816	Pharmacist
13	Thomos M.D.	Bassa cottage Hosptial	dtmark75@yahoo.com	08065449065	
14	Victoria Badung	Bassa cottage Hosptial		08036925310	Nurse (ANC)
15	Dajwole C. Pam	Bassa cottage Hosptial		07035273098	
16	Bakmi Gokpo	Hospital Management	gbakmi@yahoo.com	08036181967	DDMLS

		Board			
17	Wotlai J. Regina	PLACA	mrsrwotlai@gmail.com	07040403043	HCT Focal Person
18	James Emmanuel Nyam	BIS		07067804665	Project officer
19	Dr. Emmanuael Godwin	HeartLand Alliance	gemmanuel@heartlandalliance.org	08035669662	Deputy Chief of Party
20	Durueke Florita	NHVMAS	chichiflorita@yahoo.com	08056445676	Program Manager
21	Dr. Jacob Kassem	Bassa cottage Hosptial	drjakobkassem@gmail.com	08072395494	Medical Suprintendant
	Angwo Martins				Medical LAB

Pre and post test scores

SN	PARTICIPANTS CODE NAME	PRE TEST RESULTS (%)	POST TEST RESULTS (%)
1	DC	39	-
2		-	44
3	004	39	72
4	HONEY	61	-
5	-	-	72
6	JJ	67	67
7		-	33
8	G2B	67	94
9	PRAIZE	50	89
10	-	-	94
11	GRACE	67	83
12	JOY	67	100
13	WAPMAN	28	83
14	FEI	61	83
15	HOPE	33	61
16	ABINHEL	56	78
17	C-C	56	-
18	FAITH AGUM	22	-
19	HOPEFUL	17	-

Training programme

Training of Health Care Providers on the Ethics of HIV Service delivery

Bassa Cottage Hospital, Plateau State

21st -23rd July 2014

Day 1: Basics of Ethics

Time	Activity	Person responsible
	Introduction of participants – getting to know each other	
	Introduction of NHVMAS, AHF, SIDACTION Ground rules, expectations Aims and objectives of the training Pretest	
	History, evolution of ethics & current guidelines for conduct of research and clinical services	
	TEABREAK	
	Ethics Principles and its application Ethics and the principle of autonomy in medical practice Confidentiality in clinical services	
	LUNCH	
	Confidentiality in clinical services: literature review and discussion	
	End of day – daily evaluation	

Day 2: Ethics of service delivery for Key population

Time	Activity	Person responsible
	Review of day 1	
	Feedback from the survey	
	Human Sexuality and sexual behaviours	
	TEABREAK	
	Stigma, prejudice and discrimination Ethics of HIV service delivery for key population: creating enabling environment	
	LUNCH	
	Case studies: HIV stigma	
	End of day – daily evaluation	

Day 3: Community engagement in HIV service delivery

Time	Activity	Person responsible
	Review of day 2	
	Importance and role of Community and civil society in HIV and health care service delivery	
	TEABREAK	
	Group work: changing the current paradigm of practice in Bassa Hospital	
	Addressing the needs of PLHIV, Women, children and adolescents.	
	Daily and progamme evaluation Post test	
	LUNCH AND WRAP UP	

Certificate of Completion

This is to certify that

XXXXXX

Successfully completed a 3 days training of health care providers

On

Ethics of HIV Services Delivery for PLHIV and Key Population

By

New HIV Vaccine & Microbicide Advocacy Society (NHVMAS)

Developed in collaboration with

Heartland Alliance International, Nigeria

With funding support from

AIDS HealthCare Foundation, US

@

Bassa Cottage Hospital, Plateau State, Nigeria

[July 21-23, 2014]

Dr. Morenike Ukpong

Coordinator, NHVMAS

Mr. Bartholomew Ochonye

Chief of Party and Country Director

Heartland Alliance